

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050066

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12554

STATE FILE NUMBER

FILED DEC 27 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <i>City Hospital #1</i>		d. STREET ADDRESS (If outside, give location) <i>2415 No. Jefferson</i>	
3. NAME OF DECEASED (Type or print) First <i>FLOYD</i> Middle <i>WEATHERS</i> Last		4. DATE OF DEATH Month <i>11</i> Day <i>12</i> Year <i>63</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>col.</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		11. BIRTHPLACE (City and state or country) <i>Mo.</i>	
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT <i>Helen L. Taylor, 1300 Clark</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gunshot wound of lung, liver and kidney with hemorrhage, suffered when shot by police officer in the official line of duty in vicinity of Harrison & Cass about 8:30 P.M. on Nov. 12, 1963</i> DUE TO (b) <i>justifiable homicide</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>8:30 P.M. on Nov. 12, 1963</i> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>(See above) 984X</i>	
20c. TIME OF INJURY Hour <i>8:30</i> p.m. Month, Day, Year <i>11-12-63</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>street</i>		20f. CITY, TOWN, OR LOCATION <i>St. Louis, Missouri</i>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>9:30 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Helen L. Taylor, Coroner</i>		22b. ADDRESS <i>1300 Clark Ave</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>12-31-63</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>	
24. FUNERAL DIRECTOR <i>MO. ANATOMICAL BOARD, 1402 S. GRAND</i>		26. REGISTRAR'S SIGNATURE <i>HOA. Smith, M.D.</i>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.